

# Warren County REMC

15 Midway Street  
PO Box 37  
Williamsport, IN 47993

765-762-6114  
800-872-7319  
Fax: 765-762-6117

www.wcremc.com

## Automatic Bank Draft Authorization

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
REMC Account #

\_\_\_\_\_  
REMC Account #

\_\_\_\_\_  
REMC Account #

\_\_\_\_\_  
REMC Account #

\_\_\_\_\_  
REMC Account #

\_\_\_\_\_  
Name and address of financial institution

\_\_\_\_\_  
Financial institution routing (ABA) number

\_\_\_\_\_  
Checking Account Number

or

\_\_\_\_\_  
Savings Account Number

## **PLEASE ATTACH VOIDED CHECK**

**If you wish to have your payment withdrawn from a savings account, you can send a deposit slip.**

**Please DO NOT send a deposit slip for a checking account - it must be a voided check.**

I authorize Warren County REMC and the financial institution named within to initiate entries to my checking or savings account.

I understand Warren County REMC reserves the right to terminate this agreement if entry is returned from the financial institution for any reason including but not limited to non-sufficient funds, cancellation of account or changes to information provided. I will be responsible for making the payment plus a \$40.00 fee. This fee can be changed at REMC discretion.

I understand that I can discontinue my participation in this plan by notifying Warren County REMC in writing by the 10<sup>th</sup> of the month.

Signature: \_\_\_\_\_  
(Signature of REMC Account Holder)

Date: \_\_\_\_\_